

Date \_\_\_\_\_

C. A. # \_\_\_\_\_

CITY OF WICHITA  
DELANO DESIGN REVIEW APPLICATION

*Return to:*

Historic Preservation Planner  
Metropolitan Area Planning Department  
City Hall, Tenth Floor  
455 N. Main St.  
Wichita KS 67202  
Phone: (316) 268-4421  
FAX: (316) 268-4390

*Please type or print clearly.*

Address of Property: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant (Include ZIP): \_\_\_\_\_

Applicant's Phone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of Owner (if different): \_\_\_\_\_

Address of Owner (if different): \_\_\_\_\_

Owner's Phone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Contractor/Architect: \_\_\_\_\_

Contractor/Architect Phone: \_\_\_\_\_

*Describe each modification or improvement, using one numbered section each. Attach current photographs of each side of the structure and detailed photographs of any area affected by the modification(s). Complete applications will indicate materials and specifications, and drawings showing each improvement in detail, including floor plans and/or elevations as applicable. A completion date should be projected for each portion of your project.*

**NOTE: This is not a Building Permit!**

**1**

DESCRIBE PROJECT: \_\_\_\_\_

DESCRIPTION & CONDITION OF EXISTING MATERIALS: \_\_\_\_\_

DESCRIPTION OF REPLACEMENT/NEW MATERIALS: \_\_\_\_\_

DESCRIBE METHOD OF COMPLETING PROJECT: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

**2**

DESCRIBE PROJECT: \_\_\_\_\_

DESCRIPTION & CONDITION OF EXISTING MATERIALS: \_\_\_\_\_

3.

DESCRIPTION OF REPLACEMENT/NEW MATERIALS: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE METHOD OF COMPLETING PROJECT: \_\_\_\_\_  
\_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

DESCRIBE PROJECT: \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION & CONDITION OF EXISTING MATERIALS: \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF REPLACEMENT/NEW MATERIALS: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE METHOD OF COMPLETING PROJECT: \_\_\_\_\_  
\_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

RECEIVED BY:

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Preservation Planner                      Date

\_\_\_\_\_  
Owner's Signature                      Date

APPROVED BY:

\_\_\_\_\_  
Director of Planning                      Date

\_\_\_\_\_  
Superintendent OCI                      Date

FOR STAFF USE

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PROJECT 1	MAJOR	___	MINOR	___	Approved	___	Approved w/ Conditions	___	Specifications Attached	___	Denied	___
PROJECT 2	MAJOR	___	MINOR	___	Approved	___	Approved w/ Conditions	___	Specifications Attached	___	Denied	___
PROJECT 3	MAJOR	___	MINOR	___	Approved	___	Approved w/ Conditions	___	Specifications Attached	___	Denied	___

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_